HOME RETRO PROGRAM

WAIVER REQUEST

ALPHA ONE
127 Main Street
South Portland, ME 04106
(800) 640-7200

Representative Name: _____

Representative Telephone: _____

Representative Email: _____

APPLICANT:

_____
First Name MI Last Name

CO-APPLICANT:

_____
First Name MI Last Name

PROPERTY:

_____
Property Street City State Zip

Project	Additional $ Needed	Contractor Name	Reason/Explanation *(Attach if more space is required)*
	$		
	$		
	$		
TOTAL NEEDED	**$**		

_____ Date _____
Alpha One Representative Signature

COMPLETED BY MAINEHOUSING

☐ **WAIVER REQUEST APPROVED** ☐ **WAIVER REQUEST DENIED**

_____ Date _____
MaineHousing Technical Services Specialist Signature

_____ Date _____
MaineHousing Program Officer Signature

Explanation: _____

_____

_____

_____